

**GENERAL DURABLE POWER OF ATTORNEY**

Know all, that I, **RUTH TOMLINSON LEWIS**, 147 N. Parkway, Hernando, Mississippi 38632, an adult resident citizen of DeSoto County, Mississippi, and being more than twenty-one (21) years of age, and also being in all respects fully capable and competent, and being desirous of appointing an attorney in fact, to act for me and on my behalf, in any and all matters wherein I could myself act if personally present, do hereby make, constitute and appoint my husband, **Don Duncan Lewis**, 147 N. Parkway, Hernando, Mississippi 38632, as my true and lawful attorney in fact, with full power and authority to act for me and in my behalf and in my name, place and stead, as fully to all intents and purposes as I might or could if I were personally present, and by these presents I do hereby ratify and confirm all that my said attorney in fact shall lawfully do or cause to be done by virtue of the full authority and powers by these presents conferred, TO-WIT:

When, in the unfettered discretion of my said attorney in fact, it may appear to my best interests to do so, he is hereby authorized and empowered to sell and convey in fee simple with general warranty of title any of my property, and to execute good and sufficient deeds, contracts, or other instruments for the conveyance or transfer of the same, or to otherwise effectuate any or all of the purposes in this clause expressed.

Also, when my said attorney in fact, in his unfettered discretion, shall deem it to my best interests, he is hereby authorized and empowered to deposit in my name and for my account with any bank, trust company, or other financial institution, all funds payable or belonging to me that may come into the hands of my said attorney in fact; and for this purpose, to sign my name and endorse for deposit or collection all bills of exchange, drafts, checks, promissory notes and other instruments for money payable or belonging to me, and to withdraw for my use and benefit, or to use as he may see fit for my best interests, any and all funds deposited with any bank, trust company, or other financial institution now or hereafter having funds belonging to me, and for that purpose to draw checks or other instruments in my name, and to have free access to safe

Donald Lewis  
147 N. Parkway  
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deposit boxes and other places of safekeeping and storage, and to withdraw for my use and benefit any or all of the property therefrom.

My said attorney in fact is further authorized and empowered to do and perform generally any or all acts which he may deem necessary in my behalf and for my best interests in any and all matters in anywise pertaining to my affairs, assets, property, property rights, or interests, and to exercise all powers and to do and perform on my behalf all acts whatsoever deemed by my said attorney in fact to be requisite, necessary, prudent, expedient, proper, or incidental to the full and complete effectuation of the authority and powers herein conferred.

I intend for my attorney in fact to be treated as I would be with respect to my rights regarding the use and disclosure of my individually identifiable health information or other medical records. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA), 42 U.S.C. 1320d and 45 CFR 160-164. I hereby authorize:

- > Any physician, healthcare professional, dentist, health plan, hospital, clinic, laboratory, pharmacy or other covered healthcare provider, any insurance company and the Medical Information Bureau, Inc., or other health care clearinghouse, that has provided treatment or services to me or that has paid for or is seeking payments from me for such services;
  - > To give, disclose and release to my agent, without restriction;
  - > All of my individually identifiable health information and medical records regarding any past, present or future medical or mental health condition, to include all information relating to the diagnosis and treatment of HIV/AIDS, sexually transmitted diseases, mental illness and drug or alcohol abuse; and
  - > The authority given to my attorney in fact shall supercede any prior agreement that I may have made with my health care providers to restrict access to or disclosure of my individually identifiable health information.
- The authority given my agent has no expiration date and shall expire only

in the event that I revoke the authority in writing and deliver it to my health care provider.

When in the process of determining my incapacity, all individually identifiable health information and medical records may be released to the person who is nominated as my attorney in fact, to include any written opinion relating to my incapacity that the person so nominated may have requested. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (a/k/a HIPAA) 42 U.S.C. 1320d and 45 CFR 160-164, and applies even if that person has not yet been appointed attorney in fact.

This power of attorney, by these presents conferred, shall remain in full force and effect unless and until I revoke the same in writing.

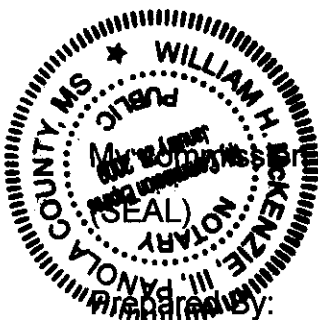
As provided in **§87-3-105** of the Mississippi Code, this power of attorney shall not be affected by the subsequent disability or incapacity of the principal, or lapse of time.

IN WITNESS WHEREOF, I hereunto set my hand this the 14 day of MARCH, 2008.

Ruth Tomlinson Lewis  
RUTH TOMLINSON LEWIS

**STATE OF MISSISSIPPI**  
**COUNTY OF PANOLA**

Personally appeared before me, the undersigned authority in and for the said county and state, on this 14<sup>th</sup> day of MARCH, 2008, within my jurisdiction, the within named **RUTH TOMLINSON LEWIS**, who acknowledged that she executed the above and foregoing instrument.



William H. McKenzie, III  
NOTARY PUBLIC

My commission expires: 1/26/2008

William H. McKenzie, III  
P.O. Box 837  
Batesville, MS 38606  
(662) 563-3536